## PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2003

Application or Docket Number

| CLAIMS AS FILED - PART I  (Column 1) (Column 2)                                                                                                                               |                                                                                                                                                                                                                                                                                                                     |                                           |                                |                                   |              |                  |            | SMALL ENTITY TYPE   |                        |    | OTHER THAN          |                        |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|--------------------------------|-----------------------------------|--------------|------------------|------------|---------------------|------------------------|----|---------------------|------------------------|
| TOTAL CLAIMS                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                     |                                           | 1                              |                                   |              |                  |            | RATE                | FEE                    | ]  | RATE                | FEE                    |
| FOR                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                     |                                           | NUMBER FILED .                 |                                   | NUMB         | JMBER EXTRA      |            | BASIC FEE           |                        | OR | BASIC FEE           | 770.00                 |
| TOTAL CHARGEABLE CLAIMS                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                     |                                           | minus 20=                      |                                   | • 0          |                  |            | X\$ 9=              |                        | OR | X\$18=              | 0                      |
| INDEPENDENT CLAIMS                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                     |                                           | / minus 3 =                    |                                   | 0            |                  |            | X43=                |                        | OR | X86=                | 0                      |
| ML                                                                                                                                                                            | ILTIPLE DEPEN                                                                                                                                                                                                                                                                                                       | IDENT CLAIM PI                            | RESENT                         |                                   |              |                  |            | +145=               |                        | OR | +290=               | 0                      |
| • If                                                                                                                                                                          | the difference                                                                                                                                                                                                                                                                                                      | in column 1 is                            | less than zero, enter "0" in c |                                   |              | olumn 2          |            | TOTAL               |                        | OR | TOTAL               | 220                    |
| CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)                                                                                                                  |                                                                                                                                                                                                                                                                                                                     |                                           |                                |                                   |              |                  | <u> </u>   | SMALL               | ENTITY                 | OR | OTHER<br>SMALL      |                        |
| AMENDMENT A                                                                                                                                                                   | 3-8-06                                                                                                                                                                                                                                                                                                              | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                                | HIGH<br>NUMI<br>PREVIO<br>PAID    | BER          | PRESENT<br>EXTRA |            | RATE                | ADDI-<br>TIONAL<br>FEE |    | RATE                | ADDI-<br>TIONAL<br>FEE |
|                                                                                                                                                                               | Total                                                                                                                                                                                                                                                                                                               | . 28                                      | Minus                          | # 2                               | 0            | = 8              | ] [        | X\$ 9=              |                        | OR | X\$18=              | 400                    |
|                                                                                                                                                                               | Independent                                                                                                                                                                                                                                                                                                         | . 4                                       | Minus                          |                                   | 3,,          | = \              | <b>.</b> [ | X43=                |                        | OR | 286=                | 200                    |
|                                                                                                                                                                               | FIRST PRESE                                                                                                                                                                                                                                                                                                         | NTATION OF MU                             | JETIPLE DEF                    | PENDENI                           | CLAIM        |                  | J [        | +145=               |                        | OR | +290=               |                        |
|                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                     |                                           |                                |                                   |              |                  |            | TOTAL<br>ADDIT, FEE |                        | OR | TOTAL<br>ADDIT, FEE | 600/8                  |
|                                                                                                                                                                               | (Column 1) (Column 2) (Column 3)                                                                                                                                                                                                                                                                                    |                                           |                                |                                   |              |                  |            |                     |                        |    |                     | 1                      |
| AMENDMENT B                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                     | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                                | HIGH<br>NUME<br>PREVIO<br>PAID I  | BER          | PRESENT<br>EXTRA |            | RATE                | ADDI-<br>TIONAL<br>FEE |    | RATE                | ADDI-<br>TIONAL<br>FEE |
|                                                                                                                                                                               | Total                                                                                                                                                                                                                                                                                                               | •                                         | Minus                          | ##                                |              | =                | ]          | X\$ 9=              |                        | OR | X\$18=              |                        |
|                                                                                                                                                                               | Independent                                                                                                                                                                                                                                                                                                         | •                                         | Minus                          | ***                               |              | <u> -</u>        | ┧╏         | X43=                |                        | OR | X86=                |                        |
|                                                                                                                                                                               | FIRST PRESE                                                                                                                                                                                                                                                                                                         | NTATION OF ML                             | LTIPLE DEP                     | ENDENT                            | CLAIM        | .   .            | <b>,</b>   | +145=               |                        | OR | +290=               |                        |
|                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                     |                                           |                                |                                   |              |                  |            | TOTAL<br>DDIT. FEE  |                        | OR | TOTAL<br>ADDIT. FEE |                        |
| (Column 1) (Column 2) (Column 3)                                                                                                                                              |                                                                                                                                                                                                                                                                                                                     |                                           |                                |                                   |              |                  |            |                     |                        |    |                     |                        |
| AMENDMENT C                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                     | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                                | HIGHI<br>NUME<br>PREVIO<br>PAID ( | BER<br>JUSLY | PRESENT<br>EXTRA |            | RATE                | ADDI-<br>TIONAL<br>FEE |    | RATE                | ADDI-<br>TIONAL<br>FEE |
|                                                                                                                                                                               | Total                                                                                                                                                                                                                                                                                                               | •                                         | Minus                          | **                                |              | a .              | 11         | X\$ 9=              |                        | OR | X\$18=              |                        |
|                                                                                                                                                                               | Independent                                                                                                                                                                                                                                                                                                         | *                                         | Minus                          | *** .                             |              | -                | <b>!</b>   | X43=                |                        | OR | X86=                |                        |
|                                                                                                                                                                               | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM                                                                                                                                                                                                                                                                      |                                           |                                |                                   |              |                  |            | +145=               |                        | OR | +290=               |                        |
| * If the entry in column 1 is less than the ntry in column 2, write "0" in column 3. ** If th "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." |                                                                                                                                                                                                                                                                                                                     |                                           |                                |                                   |              |                  |            | TOTAL               |                        | I  | TOTAL               |                        |
| ****                                                                                                                                                                          | ** If th "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ****Ti the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1. |                                           |                                |                                   |              |                  |            |                     |                        |    |                     |                        |